ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INIT'ALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		32	10/9
FORMALITY REVIEW		625	10/29/01
RESPONSE FORMALITY REVIEW	M.D	625	01-08-02

INDEX OF CLAIMS

✓ .... Rejected
= .... Allowed
— (Through numeral)... Canceled
÷ .... Restricted

N .... Non-elected
I .... Interference
A .... Appeal
O .... Objected

Claim		Date						
Final	Original							
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Claim		Date						
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If more than 150 claims or 10 actions
staple additional sheet here

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